Sc	chedule E)		PAGE 1 OF 17 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷۷	/omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New rep	port Amends repo	rt filed on
	Full Name of Payee  Donald Dessauer		Date of Public Distribution/Dissemination
			06 26 2014
Ì	Mailing Address 1804 Auburn Ave		Amount
Ì	City State	Zip Code	15.00
	Metaire LA	70003	Transaction ID: 74d86445-5189-4e45-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	06 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	34930.10	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	Julie Clifton		06 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Mailing Address 712 St. Martin Lane		Amount
ŀ	City State	Zip Code	30.00
	Bossier City LA	71111	Transaction ID : a9b9df8f-2f53-47bf-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	06 / 26 / 2014
Ì	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	34930.10	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		45.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		•
(	(c) TOTAL Independent Expenditures		•
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	• • • • • • • • • • • • • • • • • • • •
		nically Filed] Date	06 28 2014
	Signature		

Schedule E)	LXI LIID	TOTILO			PAGE 2 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC					C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends	s report	filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee				Date of	Public Distribution/Dissemination
Julie Clifton				O6	
Mailing Address 712 St. Martin Lane				Amount	
City St	tate	Zip Code			3.75
	LA	71111			ction ID: 6785798d-0651-4909-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	M O	M / D D / Y Y Y Y
Name of Federal Candidate		Suppo	ort C	Office Sought:	House District: 00
Ms. Mary L Landrieu		Х Орро	se	President	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34930.10		Disbursement F 014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee				Date of	Public Distribution/Dissemination
Lily Green				0	
Mailing Address 205 Medallion Circle				Amount	
City St	tate	Zip Code			40.00
<b>1</b> '	LA	71119		Transact Date of	iion ID : 3fa031a3-6840-4ec1-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	MOG	M / D D / Y Y Y Y
Name of Federal Candidate		Supp	ort (	Office Sought:	House District: 00
Ms. Mary L Landrieu		Х Орро	se	Presiden	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34930.10		Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(c) CURTOTAL of the right lades and at Force diverse					10.75
(a) SUBTOTAL of Itemized Independent Expenditures					43.75
(b) SUBTOTAL of Unitemized Independent Expenditures	3			· [	711711
(c) TOTAL Independent Expenditures				-	7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized				
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M / T	28 2014
Signature		_			

Schedule	E)	TI EXI END			PAGE 3 OF 17 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Chook if	24-hour report X 48-hour report	New rep	art Amanda ran	ort filed on	M = M / D = D / Y = Y = Y
Check if	24-hour report X 48-hour report	New rep	ort Amends rep	ort filed on	
	ne of Payee Green				of Public Distribution/Dissemination
Mailing	Address 205 Medallion Circle			Amo	06 26 2014 unt
City		State	Zip Code		12.30
Shreve	port	LA	71119		saction ID : 2044586b-320b-4f6a-b of Disbursement or Obligation
Purpose Mileage	e of Expenditure e		Category/ Type 002		06 26 7 2014
Name o	f Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Ma	ry L Landrieu		X Oppose	Presid	dent Senate State: LA
	lendar Year-To-Date r Election for Office Sought	, , ,	34930.10	Disburseme 2014	ent For:
	me of Payee	_		Date	e of Public Distribution/Dissemination
I Wir. F	laley Brown				06 26 2014
Mailing	Address 344 Natalie Drive			A	
				Amo	ount
City		State	Zip Code		20.00
	n-Salem	NC	27030	Trans Date	saction ID: 2a50e16a-198b-424a-9 of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001		06 / 26 / 2014
Name o	of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Ka	y Hagan		X Oppose	Presi	dent Senate State: NC
	alendar Year-To-Date or Election for Office Sought	7 7	32666.37	Disburseme 2014	ent For: Primary
(a) SUB	TOTAL of Itemized Independent Expenditur	es		··· •	32.30
(b) SUB	TOTAL of Unitemized Independent Expendi	itures		·· • [	
(c) TOTA	AL Independent Expenditures			··· <b></b>	7 7 7
with, or a	enalty of perjury I certify that the independ at the request or suggestion of, any candid nmittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	e 06	28 2014
Signa	ture				

Schedule E)	LXI LINDI	101120			AGE 4 OF 17 OR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)					NTIFICATION NUMBER	
Women Speak Out PAC					0530766	
Check if 24-hour report X 48-hour report	New repo	ort Amends rep	port filed on	M M /	D	Y
Full Name of Payee Mr. Haley Brown			Date	M M /	istribution/Dissemination	
Mailing Address 344 Natalie Drive			Amo	06 unt	26 2014	_
City	State	Zip Code			6.00	
Winston-Salem	NC	27030			76132d7d-ca0d-4012-9 ement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002	2	M M / 06	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Soug	ht:	House District: 00	)
Ms. Kay Hagan		Oppose	Presid		Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		32666.37	Disburseme 2014	nt For:  Other (speci	Primary X Gene	ral
Full Name of Payee			Date	of Public D	Distribution/Dissemination	n
Mr. Roger McKinney				M M / / 06	26 / Y Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z Y Z	Υ
Mailing Address 308 West Main Street			Amo	الت		
				dir.		-
City	State	Zip Code			70.00	Ш
Pilot Mountian	NC	27041	Trans Date	of Disburse	ff756b3b-b32d-4d55-b ement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		06 /	26 / 2014	Υ
Name of Federal Candidate		Support	Office Soug	ht:	House District: 00	)
Ms. Kay Hagan		X Oppose	Presi	dent X	Senate State: NC	<u>;                                    </u>
Calendar Year-To-Date Per Election for Office Sought		32666.37	Disburseme 2014	nt For: Other (spec	Primary X Gene	ral
						_
(a) SUBTOTAL of Itemized Independent Expenditures.			>	7	76.00	
(b) SUBTOTAL of Unitemized Independent Expenditure	es		··· <b></b>		141141	
(c) TOTAL Independent Expenditures			···· <b>\</b>		4	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
Ms. Emily Buchanan	[Electroni	ically Filed] Da	te 06	28	2014	
Signature						

Schedule E)	JEINI EXI EN	DITOTILO	PAGE 5 OF 17 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766					
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Mr. Roger McKinney			06 26 2014			
Mailing Address 308 West Main Street			Amount			
City	State	Zip Code	10.74			
Pilot Mountian	NC	27041	Transaction ID : 0bd4dfc9-85f4-4082-8 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	06 / 26 / 2014			
Name of Federal Candidate		Support	Office Sought: House District:00			
Ms. Kay Hagan		X Oppose	President State: NC			
Calendar Year-To-Date Per Election for Office Sought	.,,	32666.37	Disbursement For:  Primary  General  2014  Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Petrina Williams			06 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 3007 Darden Rd			Amount			
City	State	Zip Code	60.00			
Greensboro	NC	27407	Transaction ID : a201856f-346a-4512-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	06 / 26 / 2014			
Name of Federal Candidate		Support	Office Sought: House District:00			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		32666.37	Disbursement For:  Primary  General 2014  General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Exper	nditures		70.74			
(b) SUBTOTAL of Uniternized Independent Exp	penditures					
(a) SOSTOTAL OF ORIGINAZOU MUSPEMUSIK EX			7 7 7			
(c) TOTAL Independent Expenditures			•			
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
- 3						

	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER V					
Women Speak Out PAC	C C00530766					
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y					
Petrina Williams						
Mailing Address 3007 Darden Rd  Amount	26 2014					
	7.50 tion ID : 151532b2-efe9-4475-8 Disbursement or Obligation					
Purpose of Expenditure Mileage  Category/ Type  002	M / D D / Y Y Y Y					
Name of Federal Candidate Support Office Sought:	House District: 00					
Ms. Kay Hagan Oppose President	Senate State: NC					
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	or:					
Full Name of Payee Glenda McKinney  Date of F						
Mailing Address 308 West Main Street  Amount	5 26 2014					
City State Zip Code	70.00					
Plot Mountain NC 27041 Transaction	on ID: 07814d96-f5ce-4969-a Disbursement or Obligation					
Purpose of Expenditure Salary  Category/ Type  001  06	M / D D / Y Y Y					
Name of Federal Candidate Support Office Sought:	House District: 00					
Ms. Kay Hagan President						
Calendar Year-To-Date Per Election for Office Sought  Disbursement Factor    Othe	or: Primary X General or (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	7 7 7					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.						
	28 / Y Y Y Y Y Y Y 2014					

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC		C C00530766
Check if 24-hour report X 48-hour report New report	ort Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Ms. Tonya Boyd		06 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd		Amount
City State	Zip Code	80.00
Mt. Airy NC	27030	Transaction ID : b6d7a96a-ce9c-40ee-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 / 26 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	32666.37 Disbut 2014	rsement For: Primary
Full Name of Payee Ms. Tonya Boyd  Mailing Address 2357 Fancy Cap Rd		Date of Public Distribution/Dissemination  M M / 26 / Y Y Y Y Y  Amount
City State	Zip Code	10.65
Mt. Airy NC	•	Transaction ID : ac50c15b-254f-46b3-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation  M 06
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	32666.37 Disbu 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures		90.65
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	ically Filed] Date 06	6 28 2014
Signature		<del></del>

PAGE

OF

Sche	dule E)	I EXI EIID	101120		PAGE 8 OF 17 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y B Y B Y
	I Name of Payee achary Vidrine				f Public Distribution/Dissemination
Mai	iling Address 202 Rue Des Cajun				06 26 2014
				7411041	
City Vil	y le Platte	State LA	Zip Code 70586		15.00 action ID : ed2625cc-8556-482b-9
	rpose of Expenditure alary		Category/ Type 001	М	f Disbursement or Obligation  M  O6  26  2014
Nar	me of Federal Candidate		Support	Office Sought	: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		34930.10	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
	Name of Payee achary Vidrine			М	of Public Distribution/Dissemination
Ма	iling Address 202 Rue Des Cajun			Amour	
City	у	State	Zip Code		23.10
<u> </u>	lle Platte	LA	70586	Transa Date o	ction ID: e842e70b-5612-4bef-9 If Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002		06 Z6 Y Y Y Y Y Y
	me of Federal Candidate		Support	Office Sought	: House District: 00
Ms	s. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, ,	34930.10	Disbursement 2014 Ot	For: Primary
(a) \$	SUBTOTAL of Itemized Independent Expenditure	·s			38.10
(b) \$	SUBTOTAL of Unitemized Independent Expenditu	ures			
(c) <sup>1</sup>	TOTAL Independent Expenditures			· [	7 7 7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidate of committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	06 /	28 2014
S	Signature				

Schedule E)	iti Exi Eiti	SHORLS	PAGE 9 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			06 26 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	37.50
Spindale	NC	28160	Transaction ID : 639bea9f-03dc-40f6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32666.37	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			06 / 26 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	5.52
Spindale	NC	28160	Transaction ID : 4c0e4390-e7a7-47ad-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 26 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	32666.37	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		• 43.02
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>)</b>
(c) TOTAL Independent Expenditures			. •
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 06 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	ZXI ZITBITOT	.20		PAGE 10 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New report	Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Ralph Smith			M = M	ic Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd			06 Amount	26 2014
City	7:n C	\_ d_		00.00
1 '	ate Zip C			80.00 ID: 1a504c4e-24bd-4090-9 ursement or Obligation
Purpose of Expenditure Salary	Cate	egory/ Type 001	M M M 06	/ D D / Y Y Y Y Y Y 2014
Name of Federal Candidate	I	Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	32666	5.37	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Ralph Smith			M M M M M M M M M M M M M M M M M M M	26 2014
Mailing Address 2090 Fancy Gap Rd			Amount	
City Sta	ate Zip C	Code		10.65
'	NC 2703		Transaction I  Date of Disb	ID: bae32c8d-6754-4a3a-9 bursement or Obligation
Purpose of Expenditure Mileage	Cate	egory/ Type 002	06	26 2014
Name of Federal Candidate	<u> </u>	Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	32	2666.37	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	90.65
(b) SUBTOTAL of Unitemized Independent Expenditures				
(b) CODICIAL OF CHICAMIZED INDEPENDENT EXPONDITIONS		•••••		
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized comr			
Ms. Emily Buchanan	[Electronically l	Filed] Date	06 / 28	2014
Signature				

Schedule E)	II EXI END	HONES	<b>⊢</b>	PAGE 11 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Donna Barrette			M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 724 Harris Avenue			Amount	
City	State	Zip Code		50.00
Harahan	LA	70123		: 32e3b790-ccd3-42a7-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	34930.10	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Donna Barrette			06 /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 724 Harris Avenue			Amount	
City	State	Zip Code		0.30
Harahan	LA	70123		: 3b3bb5e6-b84a-42be-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	34930.10	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			50.30
			7	7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>•</b>	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	06 28	2014
- 9				

Schedule E)	DEFENDENT EXPEND	DITOILS	PAGE 12 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-h	nour report New re	port Amends repo	rt filed on
Full Name of Payee Erika Burfield			Date of Public Distribution/Dissemination
Mailing Address 2939 Country Club	Drive		06 26 2014  Amount
City Hampstead	State NC	Zip Code 28443	15.00  Transaction ID: 21d2b177-e63d-4d61-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement of Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32666.37	Disbursement For:
Full Name of Payee Erika Burfield			Date of Public Distribution/Dissemination
Mailing Address 2939 Country Clu	ub Drive		06 26 2014
			Amount
City	State	Zip Code	0.30
Hampstead  Purpose of Expenditure	NC	28443	Transaction ID : 3dfcd533-1356-41a5-8 Date of Disbursement or Obligation
Mileage		Category/ Type 002	06 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	32666.37	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	lent Expenditures		15.30
(b) SUBTOTAL of Unitemized Independent	endent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures	3		·
	of, any candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Lesley Lennox	06 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave	mount
City State Zip Code	10.00
Metairie LA 70001 Tr	ransaction ID : c374a649-7de2-4217-8 late of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	06 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary General
	Other (specify)   Other (speci
Full Name of Payee Lesley Lennox	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave	06 26 2014 Amount
City State Zip Code	1.20
Metairie LA 70001 Tra	ansaction ID: 1f7aaf1e-0982-403e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	06 / 26 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pro	resident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	11.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 06	28 2014
Signature	

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Scl	hedule E)	,XI LIVE!	101120				PAGE 14 OF 17 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	ck if 24-hour report X 48-hour report	≺ New repo	ort Ame	nds repo	rt filed on	M = M /	D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Full Name of Payee Edwin H Parnell				Date	of Public	c Distribution/Dissemination
-	Mailing Address 122 Olde Point Rd				_	06	26 2014
	TEE GIGGT GIRTING				Amo	unt	
ľ	City Sta	ate	Zip Code				35.00
		NC .	28443				ID: 0cedb63c-0f9b-4811-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		06	26 / 2014
t	Name of Federal Candidate		S	upport	Office Soug	aht:	House District:00
	Ms. Kay Hagan			ppose	Presi	· _	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		32666.37		Disburseme 2014	ent For: Other (sp	Primary
T	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
	Edwin H Parnell					M M M	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 122 Olde Point Rd					00	20 2017
					Amo	ount	
ľ	City Sta	ate	Zip Code				1.80
		NC	28443		Trans Date	saction II of Disbu	D: 727de7aa-09c6-4700-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		06 06	26 2014
Ī	Name of Federal Candidate		S	Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan		Xo	)ppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		32666.37		Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures				· •	-	36.80
(1	b) SUBTOTAL of Unitemized Independent Expenditures	·			. [		1 1 7 1 1 7 1
(0	c) TOTAL Independent Expenditures				• [	7	
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M 06	28	/ Y Y Y Y Y 2014
	Signature		_				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	06 / 26 / Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	Amount
City State	Zip Code 15.00
Lafayette LA	70503 Transaction ID : f830ce31-d83d-420c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 06 26 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd	Mount 26 2014
City State	e Zip Code 0.90
Lafayette LA	70503 Transaction ID : 2c2c6a84-acae-4752-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 06 26 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	15.90
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 06 28 2014
Signature	

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Schedule E)	ENT EXILE	DITORILO	PAGE 16 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joel Greco			06 26 2014
Mailing Address 318 Gaskins Lane			Amount
City	State	Zip Code	25.00
Wilmington	NC	28411	Transaction ID: 1820e978-d0b0-4920-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32666.37	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anna Huffman			06 26 2014
Mailing Address 70 Westfield Ct.			Amount
City	State	Zip Code	30.00
Gibsonville	NC	27249	Transaction ID : 57942df4-8583-4d91-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 26 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32666.37	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 55.00
(b) SUBTOTAL of Unitemized Independent Exp	andituras		
(b) SOBTOTAL OF OTHER MIZE A MUSE PER LEADING	anditures		7 7 7
(c) TOTAL Independent Expenditures			•
	ididate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	INI EXI ENL	DITOTILO	PAGE 17 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Najib Mahmud			Date of Public Distribution/Dissemination
Mailing Address 3432 Riverrock Ct			06 / 26 / 2014
Walling Address 3432 Riverrock Ct			Amount
City	State	Zip Code	10.00
Baton Rouge	LA	70820	Transaction ID: 1201417b-f92b-4a77-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	9 9	34930.10	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Najib Mahmud			06 26 2014
Mailing Address 3432 Riverrock Ct			Amount
City	State	Zip Code	1.20
Baton Rouge	LA	70820	Transaction ID: 94530c07-1dd4-467b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34930.10	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. 11.20
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •
(c) TOTAL Independent Expenditures			803.41
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 28 7 2014
•			